

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 02307O-124010US																								
<b>FY 2007</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>																										
Application Number 10/632,711		Filed August 1, 2003																								
For NEW USES FOR INHIBITORS OF INOSINE MONOPHOSPHATE DEHYDROGENASE																										
Art Unit 1614		Examiner Michel Graffeo																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1020</td> <td style="text-align: center;">\$510</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1590</td> <td style="text-align: center;">\$795</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: center;">\$ 1080</td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ 1080
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<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																										
<p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>51,868</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p>																										
<p>/Beth L. Kelly/ _____ Signature</p>		<p>September 25, 2007 _____ Date</p>																								
<p>Beth L. Kelly, Reg. No. _____ Typed or printed name</p>		<p>415-576-0200 _____ Telephone Number</p>																								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																										

61162992 v1

Adjustment date: 10/26/2007 CKHLOK  
 09/26/2007 INTEFSW 00003613 201430 10632711  
 02 FC:2255 1080.00 CR

## Electronic Acknowledgement Receipt

<b>EFS ID:</b>	2241116
<b>Application Number:</b>	10632711
<b>International Application Number:</b>	
<b>Confirmation Number:</b>	2786
<b>Title of Invention:</b>	Uses for inhibitors of inosine monophosphate dehydrogenase
<b>First Named Inventor/Applicant Name:</b>	Dennis A. Carson
<b>Customer Number:</b>	20350
<b>Filer:</b>	Beth L. Kelly/Terrie Rau
<b>Filer Authorized By:</b>	Beth L. Kelly
<b>Attorney Docket Number:</b>	02307O-124010US
<b>Receipt Date:</b>	25-SEP-2007
<b>Filing Date:</b>	01-AUG-2003
<b>Time Stamp:</b>	21:05:12
<b>Application Type:</b>	Utility under 35 USC 111(a)

### Payment information:

Submitted with Payment	yes
Payment was successfully received in RAM	\$2225
RAM confirmation Number	3613
Deposit Account	201430

The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows:

Charge any Additional Fees required under 37 C.F.R. Section 1.16 and 1.17

### File Listing:

Document Number	Document Description	File Name	File Size(Bytes) /Message Digest	Multi Part /.zip	Pages (if appl.)				
1		Amendment.pdf	181737 762d441eb6e22e29cef6bee2a4f4b059 ed52dd91	yes	18				
<b>Multipart Description/PDF files in .zip description</b>									
Document Description		Start		End					
Amendment Submitted/Entered with Filing of CPA/RCE		1		1					
Claims		2		8					
Applicant Arguments/Remarks Made in an Amendment		9		18					
<b>Warnings:</b>									
<b>Information:</b>									
2	Request for Continued Examination (RCE)	RCE.pdf	127899 12523f8516a1c77de10f336ab2e81ee 2c358ff8	no	2				
<b>Warnings:</b>									
This is not a USPTO supplied RCE SB30 form.									
<b>Information:</b>									
3	Extension of Time	Extension.pdf	107206 171519ee233e2104ca5a3547afa2fe0b 09e3379	no	1				
<b>Warnings:</b>									
<b>Information:</b>									
4	Petition for review by the Office of Petitions.	Petition.pdf	98216 e1e71790f8576c164a83bf44f232145b22 2c04d2	no	2				
<b>Warnings:</b>									
<b>Information:</b>									
5	Fee Worksheet (PTO-06)	fee-info.pdf	8459 39f1a041515f6045bb73e00884ec406df fb5bcd	no	2				
<b>Warnings:</b>									
<b>Information:</b>									
<b>Total Files Size (in bytes):</b>				523517					

## Electronic Patent Application Fee Transmittal

<b>Application Number:</b>	10632711			
<b>Filing Date:</b>	01-Aug-2003			
<b>Title of Invention:</b>	Uses for inhibitors of inosine monophosphate dehydrogenase			
<b>First Named Inventor/Applicant Name:</b>	Dennis A. Carson			
<b>Filer:</b>	Beth L. Kelly/Terrie Rau			
<b>Attorney Docket Number:</b>	02307O-124010US			
Filed as Small Entity				
<b>Utility Filing Fees</b>				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
<b>Basic Filing:</b>				
<b>Pages:</b>				
<b>Claims:</b>				
<b>Miscellaneous-Filing:</b>				
<b>Petition:</b>				
Petition-revive unintent. abandoned appl	2453	1	750	750
<b>Patent-Appeals-and-Interference:</b>				
<b>Post-Allowance-and-Post-Issuance:</b>				
<b>Extension-of-Time:</b>				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Extension - 5 months with \$0 paid	2255	1	1080	1080
<b>Miscellaneous:</b>				
Request for continued examination	2801	1	395	395
<b>Total in USD (\$)</b>				<b>2225</b>

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 10/25/07 2 Serial/Patent # 10/632,711

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	<b>Filing</b>			\$
	<b>Amendment</b>			\$
<input checked="" type="checkbox"/>	<b>Extension of Time 2255</b>		<u>10/25/07</u>	\$ 2,255.00
	<b>Notice of Appeal/Appeal</b>			\$
	<b>Petition</b>			\$
	<b>Issue</b>			\$
	<b>Cert of Correction/Terminal Disc.</b>			\$
	<b>Maintenance</b>			\$
	<b>Assignment</b>			\$
	<b>Other</b>			\$

7 TOTAL AMOUNT OF REFUND \$ 2,255.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 

2	0	--	1	4	3	0
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10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Extension of time filed after maximum extendable period for reply is expired.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Douglas I. Wood TITLE: Senior Petitions Attorney

SIGNATURE: /douglas wood/ PHONE: 571-272-3231

OFFICE: Office of Petitions

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: D. I. Wood DATE: 10/26/07

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B